STATE OF IDAHO BUREAU OF OCCUPATIONAL LICENSES 1109 Main Street, Suite 220 Boise, Idaho 83702-5642

APPLICATION FOR DENTURITRY INTERNSHIP

INSTRUCTIONS

All requested information must be provided and all questions must be answered. Failure to complete the application will result in its return to you. Fees are non-refundable.

All applicants for Idaho licensure must complete at least two (2) years internship under the supervision of a licensed denturist or have equivalent experience as established by board rule prior to the filing of the application.

Internship Equivalency. A person shall be considered to have the equivalent of 2 years internship under a licensed denturist who has, within the 5 years immediately preceding application, met and verifies either:

- a. Two (2) years internship as a denture lab technician under a licensed dentist; or
- b. Two (2) years in the military as a denture lab technician; or
- c. Three (3) years experience as a denturist under licensure in another state or Canada.

To be eligible for an internship, applicants must document completion of either:

Two years of formal training as outlined in Section 54-3310(b), Idaho Code.

OR

Three years of denturitry experience within the five (5) years immediately preceding application.

APPLICATION & PERMIT FEE

\$300.00

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

IDAHO BOARD OF DENTURITRY BUREAU OF OCCUPATIONAL LICENSES 1109 Main Street, Suite 220 Boise, Idaho 83702-5642

den@ibol.state.id.us

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IDAHO BOARD OF DENTURITRY BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220 Boise, Idaho 83702-5642

APPLICATION FOR DENTURITRY INTERNSHIP

(see instructions)

Please complete this form by providing the requested information (please read the instructions carefully). Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above.

I hereby submit my qualifications and make application for a denturitry internship in the State of Idaho under the provisions of Title 54, Chapter 33, Idaho Code as amended.

1. Full Name (Mr., Mrs., o	or Ms.)							
2. Address of Record								
	Street	t	City	State	Zip			
3. Mailing address								
	Street	t	City	State	Zip			
4. Place of Birth								
(Proof of age must be a	ttached. A copy of	your birth certificate, p	passport, military ID, or vali	mm dd d driver's license is acce	уууу ptable.)			
5. S.S.#	Home phone n	umber ()	E-mail					
6. Have you completed 2 y (If Yes, certified transcripts in					es []No			
7. Have you completed 3 (If Yes, documentation must					es []No			
8. Are you licensed in any (If Yes, certification of license)			censing authority before you		es [] No cessed.			
9. Have you ever been con (If Yes, a detailed statement, other relevant information m	including a summ		final order, any probation or		es [] No and any			
10. Have you ever had a lie (If yes, please attach a detaile				[]Ye any other relevant infor				
		AFFIDA	VIT					
I hereby certify that I am the general public and that I am attached to this application is Laws and Rules governing thany person, agency, firm, or information, communication confidential, that may relate	of good moral char is true and accurate he practice of Denti other entity to release is recommendations	racter and temperate hat to the best of my know uritry and that I will coase to the Bureau of Oas, reports, records, state	abits. I swear or affirm that to wledge and belief. I further co comply with those laws and ru coupational Licenses or it's in ements, or disclosures, whet	the information provided ertify that I have reviewed ales. I hereby authorize a identified agent any and a her public, privileged or	on and ed the Idaho and direct all			
		Signature of app	olicant					
State of, C	ounty of	, ss.						
Subscribed and sworn before	e me this da	ay of	, 20					
(seal)								
		Notary Public o						
		my commission	expires					

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APPLICATION FOR DENTURITRY INTERNSHIP

(continued)

SUPERVISOR INFORMATION

. Supervisor's Name (Mr., Mrs., o	r Ms.)				
2. Business Name					
St. Business AddressSti					
Str		City	State	Zip	
. Daytime phone _()	E-mail		License #	#	
	SUPERVIS	OR AFFIDAVIT			
icense in good standing. I further ce nternships and that all work perform understand the responsibilities a	ed by the named intern shall	be under my immediate supervi	ision	Ü	
	Signature of	of Supervisor			
state of, County of gubscribed and sworn before me this	, ss.	, 20			
(seal)		otary Public official signature y commission expires			

Training Requirements. Each year of required internship shall consist of two thousand (2,000) clock hours of training and performance of the following minimum procedures for licensure.

- a. Procedures shall include all steps required in constructing a finished denture but not limited to the following:
 - i. Patient charting thirty-six (36) minimum.
 - ii. Operatory sanitation thirty-six (36) minimum.
 - iii. Oral examination thirty-six (36) minimum.
 - iv. Impressions, preliminary and final (pour models, custom trays) thirty-six (36) minimum.
 - v. Bite registrations twelve (12) minimum.
 - vi. Articulations twelve (12) minimum.
 - vii. Set ups twelve (12) minimum.
 - viii. Try ins twelve (12) minimum.
 - ix. Processing (wax up, flask-boil out, packing, grind-polish) thirty-six (36) minimum.
 - x. Delivery-post adjustment thirty-six (36) minimum.
- b. Processed relines (one (1) plate = one (1) unit) twenty-four (24) units.
- c. Tooth repairs forty-eight (48) minimum.
- d. Broken or fractured plates or partials forty-eight (48) minimum.

Reporting Requirements. Interns must file reports, attested to by the supervisor, with the board on forms provided by the Bureau of Occupational Licenses on a monthly basis and recapped at termination or completion of the training.

Denture Clinic Requirements. Denture clinic requirements for approved internship training:

- a. There shall be not more than one (1) internee per licensed denturist or dentist who is practicing at the clinic on a full time basis.
- b. There shall be a separate work station in the laboratory area for each intern with standard equipment, i.e. lathe, torch and storage space. The intern shall provide necessary hand tools to perform the duties of the denture profession. Use of the operatory facilities and other equipment will be shared with the intern.

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